REMARKS

The following follows the order of the office action. Any matters not addressed below have been rendered moot by the foregoing modifications. Failure to specifically address any given point made in the office action is not to be taken as agreement with such point. For instance, rejections of now-canceled claims have been rendered moot rendering any discussion unnecessary.

The examiner is thanked for pointing out various errors and linguistic difficulties, all of which have been corrected above.

The claims rejected as allegedly lacking written description have been canceled merely in order to expedite prosecution. As noted, no agreement is to be implied with any aspect of these rejections. All of the claims rejected as allegedly not being enabled have been canceled except for claim 16. Again, no agreement with any of the rejections of the canceled claims is to be implied.

Claim 16 is drawn to a method for the determination of mid-proAM (as recited in parent claim 21) with the additional recitation that the mid-proAM determination is carried out in the course of a multiparameter determination for diagnosis of cardiac disease. The typical other parameters used in conjunction with diagnosis of cardiac disease are well known and several are explicitly disclosed in the application. See, e.g., the publication of this application (2007/0212742), paragraph 49, mentioning "the cardiac parameters ANP, DNP, ProANP or ProBNP." Many other parameters utilized in conjunction with cardiovascular diagnosis are, of course, well known to one of skill in the art and also routinely employable.

Consequently, the recitation in claim 16 of the determination of conventional cardiac parameters in conjunction with the mid-proAM determination of parent claim 21 raises no enablement issues. The specification itself exemplifies typical other parameters which can be determined in conjunction with diagnosis of the elected disease. Furthermore, the examiner's comments on pages 9-12 directed to various aspects of previously pending claims are especially not applicable to claim 16. Even the mere fact that increased levels of mid-proAM are associated with possible cardiac disease alone provides valuable information for diagnosis in conjunction with other

cardiac parameters. The fact that such correlation per se exists is established in the specification, e.g., in Figure 2 where patients having cardiac disease show significantly increased amounts of the measured partial peptide in comparison to levels in healthy individuals. Accordingly, the enablement rejection with respect to claim 16 is clearly unjustified.

The anticipation rejection has been rendered moot. No agreement with the legitimacy of this rejection is to be implied.

The accompanying Struck declaration establishes the existence of unexpected significant advantages for the claimed determinations in comparison to the closest prior art determinations of ADM itself. Thus, even if the examiner's new rejections on pages 15-21 of the office action did establish a prima facie case of obviousness, the accompanying Struck declaration firmly rebuts the same. It establishes such unexpected advantages based on data discussed in the specification (the published version of this application, paragraphs 89-92) and the literature version of such data (Morgenthaler et al.). Since the Struck declaration is self-explanatory in documenting the unexpected stability of mid-proAM leading to unexpected advantages for the claimed methods, no further discussion of its content is believed necessary. Based on such content, all rejections are now rendered moot. Again, no agreement is to be implied with the examiner's rationale.

As for the double patenting rejections, as noted in the response of July 9, 2009, all of the cited applications (including newly cited 12/514,194) were filed much later than the above-identified application. Accordingly, under M.P.E.P. § 804(I)(B)(1), once the claims are found otherwise allowable, these double patenting rejections should be withdrawn.

Respectfully submitted,

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